

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
<u>INDIVIDUAL:</u>												
AGED OR DISABLED	836.00	603.00	233.00	636.00	402.00	234.00	809.00	402.00	407.00	1,015.00	603.00	412.00
- without cooking facilities (RMA) 2/	920.00	603.00	317.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	901.00	603.00	298.00	717.00	402.00	315.00	809.00	402.00	407.00	1,015.00	603.00	412.00
DISABLED MINOR												
- living with parents(s)	722.00	603.00	119.00	510.00	402.00	108.00						
- living with non-parent relative or non-relative guardian							809.00	402.00	407.00	1,015.00	603.00	412.00
<u>COUPLE:</u>												
AGED OR DISABLED												
- per couple	1,472.00	904.00	568.00	1,198.33	602.67	595.66	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00
- without cooking facilities (RMA) 2/	1,640.00	904.00	736.00	N/A	N/A	N/A	N/A	NA	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,699.00	904.00	795.00	1,425.33	602.67	822.66	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00
BLIND/AGED OR DISABLED												
- per couple	1,614.00	904.00	710.00	1,339.33	602.67	736.66	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00

TITLE XIX MEDICAL FACILITY

		Individual	Couple
Total	_____	\$50	\$100
SSI	_____	30	60
SSP	_____	20	40

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum:	\$206	Minimum :	\$117
Care and Supervision Minimum:	\$374	Maximum:	\$463
Board and Room	\$435		\$435

2/ RMA – Restaurant Meals Allowance - \$84 Individual; \$168 Couple